



INFORMATION

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Independent Evaluation of the Roll Back Malaria Partnership

Request for Proposals RFP Number 4986

The Board of the Roll Back Malaria Partnership (RBM) wishes to arrange for the services of an evaluation team to undertake an appraisal of the performance of the Roll Back Malaria Partnership: its governance; management; ability to convene, coordinate and harmonize RBM partners and stakeholders; and its impact on malaria efforts at country level.

To this end, the Roll Back Malaria Partnership (RBM), through the World Health Organization (WHO), is requesting Proposals for the services detailed within this Request for Proposals (RFP).

This RFP is issued by the Roll Back Malaria Partnership Secretariat (RBM Secretariat) through WHO and Proposals are to be submitted to the following office in a sealed packet with a clear indication of RFP number and instruction that it is not to be opened until 16:00 (Geneva time) on 25 February 2009.

Roll Back Malaria Partnership Secretariat

Attn: Mr Julian Fleet

RFP No. 4986

(Not to be opened till 16:00 on 25 February 2009)

Office D0 3001

World Health Organization

20, Avenue Appia

CH-1211 Geneva 27

Switzerland

Sealed Proposals must be received by 11:00 a.m., Geneva time on 25 February 2009 at WHO Office D03001. Any proposals that are hand-delivered must also be in sealed envelopes and be received by this time only at the reception of WHO/UNAIDS Bldg. (D- Building in the WHO complex). Public opening will be held in the RBM Secretariat Conference Room in Office D0 3001 at 16:00, Geneva time on the same day. Any proposal received after the set deadline time (25 February 2009 at 11:00 a.m.) will not be accepted for consideration.

Proposals

Proposals must be made in accordance with the Specific Instructions to Proposers as detailed in Section 1. Proposals submitted must include the completed and signed Proposal sheet set out in Section 4 of this RFP.

Terms and Conditions

The successful Proposer must accept to sign a contract including the Terms and Conditions contained within this RFP. The submission of Proposals implies acceptance of all terms and conditions contained in this RFP.

Public Opening of Proposals

Proposers or their authorized representatives may (but are not obliged to) attend the public opening of the Proposals. At this opening, the total bid price of each Proposal submitted and received by the time set out in this RFP will be read out and recorded. No discussion of bids or award of contract will take place at this time.

Award Notification

The successful Proposer will receive an award notification letter subsequent to final adjudication of the RFPs. The Roll Back Malaria Partnership Secretariat and the successful Proposer would then agree on the conditions and on a date to finalize contract negotiations. If the parties cannot come to an agreement, the RBM Secretariat has the right to select another bidder or to restart the process.

Information

Written requests for additional information regarding this RFP should be forwarded on the Proposer's headed notepaper with reference to the RFP in a sealed envelope in order that it may be opened in the normal course of business. The letter should be addressed to the attention of Mr Julian Fleet, Chief Operating Officer, WHO Office D0 3001, 1211 Geneva 27, Switzerland. Requests for information could also be sent by e-mail at the following email address: <fleetj@who.int>. Generalized replies to such requests will insofar as possible be copied to all invited organizations or those making a valid bid. All queries should be received by 6 pm on 16 February 2009. No queries will be responded to after this date.

Request for Proposals

Independent Evaluation of the Roll Back Malaria Partnership

RFP Number 4986

INDEX

Section 1. Specific Instructions to Proposers	Page 2
Section 2. Terms and Conditions of Resulting Contract	Page 5
Section 3. Evaluation Process	Page 7
Section 4. Proposal Sheet	Page 7
Section 5. Annex 1 Guidelines for the Adjudication Panel	Page 8
Annex 2 Terms of Reference for Evaluation	Page 9

Section 1: Specific Instructions to Proposers

Form of Proposal

Proposers must submit their Proposals, in triplicate, along with a full read-only version on a CD-ROM. The Proposal must be accompanied by the Proposal sheet set out in Section 4 of this RFP. The Proposal should have a content sheet, be continuously paginated, and have two distinct parts:

A. Technical Part

This should cover:

- Situation Analysis: knowledge of Global Health Partnerships in general and that of the Roll Back Malaria Partnership in particular, and the public health and development *problematique* that the Roll Back Malaria Partnership seeks to address
- Evaluation methodology/strategy to be used
- Management arrangements: Team description. Clearly setting out the proposed team leadership, specialized technical expertise of its members for undertaking the anticipated work, personnel capability and experience
- Institutional Capability/Credentials of the Proposer, highlighting past performance, previous work/case studies
- Deliverables
- Evaluation workplan and time line

This part should clearly indicate how the Proposer will seek to strike the balance between the evaluation of the Partnership as a whole and evaluation of Partnership mechanisms (e.g., RBM Secretariat, Sub-Regional Networks, Board, Executive Committee, Working Groups and other Partnership mechanisms).

The RBM Secretariat and WHO shall not be responsible for any costs incurred by the Proposer in developing, submitting or presenting this Proposal.

B. Financial Part

Detailed budget of work: itemizing each major cost item e.g. costs of professional work analysed into each core element of work that will be undertaken, travel, report writing and presentation.

Joint Proposal

Two or more organizations may form a consortium and submit a joint Proposal if this helps in finding a team capable of undertaking all elements of the anticipated evaluation work. Such a Proposal must be submitted under the name of one member of the consortium hereinafter call the "lead organization. The organization so named will be responsible for undertaking all negotiations and discussions with the RBM Secretariat and delivering all the outputs and completing the evaluation.

Any subcontracting that a Proposer may wish to undertake will need to be foreseen and described explicitly in the Proposal submitted.

Currency and Discounts

Proposers should quote in US\$ and Euro only. Payment terms or other discounts should be indicated in the Proposal.

Corrections

Erasures or other changes in the Proposal must be explained or noted and initialed by the person signing the Proposal.

Errors in Proposals

Proposers are expected to examine all instructions, terms, conditions and requirements described in this document and instructions provided by the RBM Secretariat pertaining to the subject matter of the RFP. Failure to do so or mistakes in doing so will be at the Proposers own risk and s/he cannot secure relief on the plea of error in any Proposal.

Conflict of Interest

The Proposers shall include within the description of the Proposal details of their Confidentiality and Conflict of Interest Policies as well as an assessment of any conflict of interest with respect to this RFP and a possible ensuing contract.

Additional Information

Additional documentation provided in support of the Proposal should be itemized on the Proposal sheet and provided in triplicate with the Proposal. Such information, if of relevance for assessing the Proposal, should be incorporated in the CD-ROM with a clear reference to its applicability to the Proposal indicating the section in the proposal to which it refers.

Withdrawal of Proposals

Proposals may be withdrawn by written instruction received from the Proposers prior to the time fixed for opening. Negligence on the part of the Proposer confers no right to the withdrawal of the Proposal after it has been opened. No withdrawal or amendments are permitted after the Proposals have been opened.

Marking and Mailing of Proposals

Proposals must be securely sealed in a packet together with any additional documents. The CD-ROM containing a read-only copy of the Proposal should also be placed in the sealed packet. Any Proposal that is not sealed will not be accepted. The sealed packet should indicate on the cover the RFP Number 4986 and a clear instruction that it is not to be opened until 16:00 on 25 February 2009.

Time for receiving Proposals

Proposals received prior to the public opening will be kept secured and unopened. The RBM Secretariat should receive Proposals by the closing time indicated on the first page of this document. Proposals received after this time will not be accepted for consideration and shall be returned to the sender unopened.

Adjudication of Proposals

The selection panel will base the adjudication of the Proposals on the following considerations:

- The technical merits of the proposal.
- The overall ability of the Proposer to undertake the services proposed.
 - o Education and experience of the key staff undertaking the evaluation.
 - o Experience involving evaluation of international organizations/ partnerships
- Time frame of the evaluation.
- Total cost of services proposed.

The RBM Secretariat may make awards to multiple contractors for the same services if it is deemed in its best interest to do so. Joint Proposals that involve collaboration between entities in developed and developing countries are strongly encouraged.

Additional services available, but not included in this RFP, should be detailed and may be considered.

The RBM Secretariat reserves the right to negotiate with one or more Proposers of its choice, including but not limited to the fee for the services called for under this RFP and the deletion of certain parts of the services. It also reserves the right to short-list two or more Proposals that are considered to deliver the expected outputs satisfactorily in a cost effective and efficient manner and invite one or more Proposers to make a presentation of their Proposals.

There is no obligation by the Roll Back Malaria Partnership Secretariat to reveal, or discuss with any Proposer, how a Proposal was assessed, or to provide any other information relative to the selection process.

The final selection of a contractor by the adjudication panel approved by the WHO Contracts Review Committee is not subject to any appeal.

Validity of Proposals

Proposals must remain valid for acceptance for at least eight weeks following the RFP opening time.

Supporting Documents

Several documents or descriptions in support of the Proposal are requested. As adjudication will be based on the written Proposal and supporting documents, the documents should provide sufficient information for Proposal to be evaluated. Failure to provide sufficient information may affect the evaluation of the Proposal and may result in its exclusion.

Section 2: Terms and Conditions of Resulting Contracts

The following terms and conditions will be part of a resulting contract. This work will be financed by the Roll Back Malaria Partnership through its Secretariat hosted at WHO, which administers donor resources available to the RBM Partnership Secretariat. The contract to be used will be an Agreement for the performance of the work stipulated in the TORs and additional clauses as necessary including the following:

Proposer Warranty

The Proposer certifies and warrants that it has the personnel, experience, qualifications, facilities and all other skills and resources necessary to perform its obligations.

Responsible Persons

The Proposer will inform the RBM Secretariat promptly in writing of the name and position of the responsible person, who shall on its behalf, be responsible for the administration of the arrangement, to ensure that cost, schedule and technical obligations are met. The corresponding person in the RBM Secretariat will be Mr Julian Fleet, Chief Operating Officer.

The Proposer shall use its best efforts to ensure that the individual team members indicated in the Proposal are available to perform the services under any ensuing contract. In the event any one of the Proposer's staff involved in the work relating to evaluation is not, in the opinion of RBM Secretariat, suitably qualified or otherwise fit to perform the services, the RBM Secretariat will be entitled to require that such staff member be replaced by another suitably qualified member of the Proposer's staff.

Evidence of Compliance

No payment, acceptance or concurrence shall be construed as evidence that any matter or thing is complete, satisfactory or in accordance with the contractor's obligation and the

contractor shall not thereby be relieved or discharged from performing any obligation under the contract.

It is understood that the execution of the work does not create any employer/employee relationship. In this respect, the contractual partner shall be solely responsible for the manner in which the work is carried out. Thus, WHO (and RBM) shall not be responsible for any loss, accident, damages or injury suffered by any person whatsoever arising in or out of the execution of this work, including travel. Without prejudice to the foregoing, WHO may in certain cases provide insurance coverage for the contractual partner as set forth here below. For travel in WHO vehicles, WHO may provide passenger insurance covering the contractual partner. WHO may also provide accident insurance coverage if and while the contractual partner, exceptionally, carries out work on WHO's premises. WHO declines any responsibility for non-payment by the insurance company of all or part of a claim for any accident, in which case the contractual partner shall be obliged to immediately reimburse WHO all or part of any advance paid by WHO to the contractual partner.

Conflict of Interest

Any resulting contract shall include within it clauses to ensure confidentiality of information obtained by the contractor and avoid any conflict of interest.

Resulting Information

Any documents prepared specifically for the Roll Back Malaria Partnership or its Secretariat and any information received or reports written in relation to this evaluation shall be the intellectual property of the RBM Secretariat and shall be provided upon request. RBM Secretariat reserves the right to use these documents as it sees fit including distribution and possible posting on web sites.

Arbitration

Any dispute relating to the interpretation or application of this contract shall, unless amicably settled, be subject to conciliation. In the event of failure of the latter, the dispute shall be settled by arbitration. The arbitration shall be conducted in accordance with the modalities to be agreed upon by the parties or, in the absence of agreement, in accordance with the UNCITRAL Arbitration Rules. The parties shall accept the arbitral award as final.

Start of Work

The successful Proposer is expected to start work set out in the TORs within two weeks of signing of the contract ensuing from this RFP. The contract itself should be signed and returned to the RBM Secretariat within this time. If the Proposer does not sign the contract for any reason within this time, the RBM Secretariat shall have the discretionary right to select another contractor among the Proposers or to redo the bidding process.

Evaluation Team

The proposed evaluation team including the team leader may not be changed nor the time indicated in the Proposal for the evaluation work without written approval of the RBM

Secretariat. Such a change will only be entertained if it is considered to be essential by the latter to complete the evaluation work to the expected standard. In case of change of personnel in the proposed team, an alternative will be proposed by the contracting organization and the replacement person will be of a similar qualification and experience to the one being replaced without any extra cost to the RBM Secretariat.

Privileges and Immunities

Nothing in or relating to this Agreement shall be deemed a waiver of any of the privileges and immunities of WHO in conformity with the convention on the Privileges and Immunities of the Specialized Agencies approved by the General Assembly of the United Nations on 21 November 1947, or otherwise under any national or international law, convention or agreement.

Section 3: Evaluation Process

Reporting

1. The offer must include a workplan including explicit milestones and target dates for each.
2. By the winning Proposer, various reports as set out in the TORs, Section 2.1.
3. Oral presentations to key stakeholder groups, including the RBM Performance Subcommittee and RBM Secretariat. The evaluation team leader or his/her nominee shall make a presentation of key findings and recommendations to the RBM Board at its second meeting in 2009 (in or about November 2009) unless instructed to do otherwise by RBM Secretariat.

All documents obtained through this exercise shall be the intellectual property of the RBM Secretariat and shall be provided upon request and at the latest at the end of the contract. RBM Secretariat reserves the right to use such documents as it sees fit, including possible distribution or public posting.

Management of evaluation

The RBM Board has delegated management of the evaluation to its Performance Subcommittee (PSC), supported by the RBM Secretariat. The PSC will manage the bidding, selection, and briefing process. It will also provide guidance to the evaluation team, including a feed back on the final draft evaluation report during the evaluation process. The Roll Back Malaria Partnership Secretariat will provide technical and administrative support to the PSC. The final selection of the bid is subject to approval by the WHO Contract Review Committee (CRC). Funding for the evaluation will be provided through Roll Back Malaria Partnership Secretariat funds held in its account at WHO.

Section 4: Proposal Sheet

Documents to be provided as part of the Proposal:

1. Description of the proposed workplan and expected final report.
2. Summary of similar work undertaken, particularly for international organizations.
3. C.V.s of core staff who will be responsible for the work and their specific areas of responsibilities. The person responsible for overall direction of the work to be undertaken by the team should be named.
4. Statement regarding conflict of interest.

TASK	Number	Offer \$
Estimated number of staff to be contracted		
Estimated number of staff/days proposed		
Total staff cost		
Total travel cost		
Estimated travel costs		
Total for all costs		
Start		Finish
Dates		

Proposers able and willing to offer some or all of their services to this worthy cause at no charge are requested to complete the offer sheet indicating “0” for such services. The total for all costs is the all-inclusive price for the entire work to be provided and all the agreed outputs including travel, notwithstanding the actual number of staff and days worked.

Our organization, if selected, herewith agrees to carry out the work in accordance with the RFP and related documents and in accordance with the contract to be signed.

Organization _____

Name and title _____

Signature _____

Date _____

Section 5: Annex 1. Guidelines for the Adjudication Panel

The Adjudication panel shall consist of members of the Performance Subcommittee (PSC) mandated by the Roll Back Malaria Partnership Board; it shall consist of a minimum of four persons. Panel members shall not be chosen from organizations that have made Proposals to conduct the evaluation of the Roll Back Malaria Partnership.

The panel members will have recognized experience in the areas of international organizations and health programmes. The panel members may request advice from others but they alone shall be responsible for the adjudication report. The panel members shall not have any conflict of interest with respect to carrying out their functions in selecting the Proposers and guiding the evaluation work.

The PSC has reviewed the RFP and approved it. Submissions responsive to the RFP shall form the basis of the award.

The proposed elements of the evaluation process shall be examined for perceived competency and shall consider the experience of the Proposers in the areas of assessment of the international organizations.

The following criteria will be used to assess the Proposals received:

- (a) The anticipated quality of the work will be judged based on the indicative materials provided.
- (b) The qualifications and the experience of personnel in the proposed team in carrying out the required tasks in each area of work.
- (c) The ability to work with other agents shall be considered.
- (d) The time frame to start and complete this work shall be considered.
- (e) The total anticipated cost shall be considered.

While it is expected that all Proposals will fully meet the requirements set forth in the RFP and that the award will therefore be made on lowest cost, it may be that one Proposal or another may be stronger in ways that are important to the Roll Back Malaria Partnership. In such cases one or more Proposals other than the least expensive may be selected in the absolute discretion of the adjudication panel with approval by the CRC.

Section 5: Annex 2. Terms of Reference

Independent Evaluation of the Roll Back Malaria Partnership

Terms of Reference for RBM Partnership Independent Evaluation RBM Subcommittee on Performance

Background

On behalf of the RBM Partnership, The RBM Performance Subcommittee wishes to arrange for the services of an evaluation team to undertake an assessment of the performance and priorities of the RBM Partnership – including its governance, management, ability to convene, coordinate and harmonize RBM partners and stakeholders, and its impact on country level malaria efforts.

The Roll Back Malaria Partnership (RBM) was launched in 1998 by the United Nations Development Program (UNDP), the United Nation's Children's Fund (UNICEF), The World Bank, and the World Health Organization (WHO). Today RBM has become the leading global initiative for mobilizing action and resources, forging consensus and coordinating efforts in the worldwide fight against malaria. The Partnership includes the following constituencies: Malaria Endemic countries; Multilateral and Development Partners; OECD Donor Countries; Foundations; NGOs; Private Sector; Research and Academia. The Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID, and the UN Secretary General's Special Envoy on Malaria are ex officio members of the RBM Board.

In addition to its Board, the RBM Partnership undertakes its work through: (i) Board Subcommittees (e.g., Executive Committee, Performance Subcommittee), (ii) Working Groups (e.g., Harmonization Working Group, and working groups for Procurement and Supply Management, Malaria Advocacy, Malaria Case Management, Malaria in Pregnancy, Monitoring & Evaluation, Scalable Malaria Vector Control, and Resources); (iii) Sub-Regional Networks (SRNs) (e.g., SRNs in Central Africa, East Africa, Southern Africa and West Africa) and (iv) Task Forces (e.g., Affordable Medicines Facility for Malaria (AMFm) Task Force; LLIN Bottleneck Task Force).

The first external evaluation of RBM was undertaken in 2002. Led by Professor Richard Feacham, this evaluation covered the period from the inception of RBM in 1998 to mid-2002. This external evaluation followed an internal review by the RBM Secretariat -- the Roll Back Malaria Internal Review -- in 2001. In addition, an important reform initiative -- known as the "change initiative" -- was conducted in 2006 under the supervision of the RBM Board. The change initiative was a consultative, comprehensive exercise to agree on the core functions of the RBM Partnership and to redesign the Partnership for greater effectiveness. The outcomes of the change initiative included changes in the Partnership framework, a Memorandum of Understanding with WHO as host of the RBM Secretariat, and a Secretariat Handbook. The change initiative, concluded in September 2006, was based on a "Partnership diagnosis" providing the Board with evaluative information and analyses.

These Terms of Reference (TORs) have been defined collaboratively the RBM Board Executive Committee and Subcommittee on Performance and other RBM partners, with support from the Secretariat.

Document outline

1. Terms of Evaluation
2. Timeframe, Assignment & Milestones
3. Core Evaluation Variables, Questions and Structure

1.0 Terms of Evaluation

1.1 Objectives of evaluation

- Examine extent to which core objectives, structures (Board, Secretariat, Working Groups) and strategic focus are relevant, realistic, and sufficient;
- Examine the added value of the Partnership to the individual efforts of its members and, where possible, gauge its impact on the overall malaria burden; and
- Examine current strengths/weaknesses and recommend ways of improving impact, effectiveness and efficiency of the Partnership and its structure over the next five years as it seeks to fulfill the RBM Global Malaria Action Plan (GMAP) (in the context of the evolving aid architecture and based on identification of lessons learned and best practices).
- Compare the RBM Partnership's progress with other global health partnerships

1.1 Evaluation team

The Evaluation Supervisory Panel for this evaluation will be the Performance Subcommittee.

The evaluation team needs to be large enough to undertake the review within the required timeframe and cover the wide range of expertise needed, yet remain small enough to be highly efficient. The evaluation team will be staffed by experienced professionals with the relevant skill sets from either a single organization or a consortium of organizations and individual consultants led by a primary organization or contractor. The lead agency of the evaluation team should be independent of the evaluation committee and process and consultants engaged by the lead agency should be "at arm's length" from the institutions being evaluated.

Skills Required

- Relevant evaluation and malaria or disease control program-related expertise, preferably with some of the field experience in Africa.
- Strong management and coordination skills
- Previous experience in evaluating global partnerships and their performance.
- Understanding of the international aid architecture in health and trends in development assistance.

1.2 General scope of evaluation

To assess the progress and performance of the Partnership in meeting its five functional objectives:

- Pan-organizational governance and management
- Partnership network development
- Advocacy, communications and social mobilization
- Financing and resource mobilization
- Supporting country-level program implementation and monitoring

To assess the overall impact and added value of the Partnership, at all levels.

To recommend how RBM's role should evolve in the light of the current and emerging context and identify measures to improve its performance, efficiency and impact.

All global partnership elements will be covered, and country level impact where possible will be covered.

The scope of the evaluation should cover the period of performance between 1 January 2004, and 31 December, 2008

1.3 Key Areas of activity

Desk review of critical documents

- Report of 2002 External Evaluation
- Change Process documentation (e.g. interim and final reports, Global Study on Impact, Partner value mapping survey, Governance evaluations and reports, Budget and workplan (and its process))
- For Working Groups and Sub-committees: TORs, detailed work plans and budgets, illustrative products and meeting reports
- For SRNs: TORs, work plans and meeting reports

Key Informant Interviews

RBM Structures	Constituencies	Malaria Endemic Countries	Partners and key stakeholders
<ul style="list-style-type: none"> • RBM Secretariat • SRNs • Working Groups: <ul style="list-style-type: none"> o MERG o MAWG o HWG o Resources and Finance o PSM o WIN o Rx o Executive Board and Sub-Committees o RBM Task Force 	<ul style="list-style-type: none"> o Endemic countries o WHO o Multilateral o Private Sector o Foundations o Research and academia o Northern and Southern NGOs o Bilaterals o Global Fund 	To be determined; Assurance that at all regions are represented.	Full list being prepared with consultation <ul style="list-style-type: none"> • External Supporting Firms: <ul style="list-style-type: none"> o Dalberg o McKinsey o BCG

Note: it is anticipated that some of the interviews will require travel to endemic countries.

2.1 Timeframe, Assignment & Milestones

Evaluation to be conducted between March and August 2009.

Deliverables

- An Inception Report (detailed issues and questions to be addressed along with a dated and costed workplan), completed by two weeks after contract signature
- Draft evaluation report submitted to the Performance Subcommittee by 30 June 2009.
- A separate evaluation summary for a broader non-technical audience, by 31 July 2009.
- Final report submitted to Performance Subcommittee, with a separate evaluation summary for a broader non-technical audience, by 15 August 2009.
- Final RBM report for submission to World Bank by 30 September 2009.

2.2 Time Management

To make the best use of limited time and resources, we urge the evaluation team to review and incorporate (where applicable) existing relevant information e.g., similar internal reviews conducted within the same 5 year period. We also ask that existing meetings and/or prearranged events (not additional) be used for qualitative data collection purposes wherever possible.

3.0 Core Evaluation, Questions and Structure

3.1 Evaluation questions

- How well has RBM met its objectives?
- Are the roles and objectives of RBM and its structures clearly defined and understood?
- To what extent is the value added and impact of RBM defined and measured?
- What impact does RBM have at country level? Should this be improved?
- How well has RBM addressed global priorities such as reaching the poor and harmonization and alignment of aid? Should RBM do more in these areas?
- How should RBM role and functions evolve given the changing institutional context (e.g. GFATM, UNITAID), global priorities and development of GMAP?
- How well have the RBM structures performed in terms of effectiveness, efficiency, and achieving planned outputs?
- How systematically does RBM establish and review its structures (e.g., establishment and disbanding of working groups and task forces)?
- How far is there critical review of workplans and performance (e.g., how are decisions made on major advocacy events and how are these evaluated/lessons learnt)?
- What changes could be considered for the working groups and other structures to make more effective and accountable contributions to future priorities of RBM including implementation of GMAP?
- How is the funding organized for different structures and how can this be improved?

- Is the RBM Secretariat appropriately structured, staffed and funded to support the evolving role and functions of the RBM Partnership?
- Are the roles and relationship with WHO clearly defined and appropriate in the current context?
- Are there issues in the hosting arrangements with WHO that need to be addressed?

3.2 Indicative Structure of the report

This Proposed Table of Contents is based on the World Bank DGF-supported evaluative framework, the existing RBM architecture for management and includes areas where evidence has already been collected from third party agencies within the 5-year study period.

Background: The External Evaluation

- Context for the evaluation e.g., overview of RBM's history, previous evaluations, current state of malaria
- Rationale, purpose and objectives for the evaluation (6.3 of WB Sourcebook)
- Scope of the evaluation, e.g., time period from 2004 – 2008, introduction to -- and rationale for -- topics covered
- Evaluation approach, e.g., definition of The Partnership, questions addressed, activities / sources of information (including desk review/role of Change Initiative as an input)

Executive Summary

- Summary of key findings
- Recommendations

Current context: Core objectives, Partnership Structures and their Functions and Strategic focus

Overview of RBM Partnership Structures

Criteria include legitimacy, accountability, responsibility, fairness, transparency, and efficiency (12.13 – 12.19 of WB Sourcebook). This section should provide an assessment of the performance of the following:

- Governance: RBM Partnership Board
- Functions - e.g., strategic direction, management oversight, stakeholder participation, risk management, conflict management, audit and evaluation (12.4 of WB Sourcebook)
- Executive Committee, Board Committees and Task Forces
- Management: Partnership Secretariat
- Functions: e.g., program implementation, regulatory compliance, reviewing and reporting, administrative efficiency, stakeholder communication, learning (12.6 of WB Sourcebook)
- Organizational structure
- Hosting relationship with the WHO

- Sub-Regional Networks
- Coverage of Malaria-Endemic Regions
- Working Groups including criteria for establishment and discontinuation, clarity of charters and functions, outputs, oversight, performance assessment and cohesion with other Partnership priorities

Partnership Effectiveness and Impact

This section should assess the extent to which existing objectives were fulfilled, over the 2004 to 2008 period, as well as the relevance of objectives, structure and function over the 2004 to 2008 period.

- Relevance assessment 2004-2008
- Status of malaria control: 2004-2008
- Relevance to/role in current and emerging global/regional challenges in malaria
- Relevance to beneficiary countries, and the partners that serve them
- Impact of the Partnership (compared to baseline data of 2003) (i.e., added value)
- Funding for Malaria (e.g., Global Fund grants; Impact on country-level activities; strengthening of systems and skills)
- Signals of Partnership effectiveness (e.g., Level of Partner Engagement)
- Service and Value to Partners (e.g., Partner Value Mapping)
- Funding for the Partnership

Effectiveness of Partnership Systems

This section should assess:

- Establishing Partnership and Secretariat priorities
- Workplanning and budgeting
- Funding / resource mobilization
- Constituency communications and representation
- Roles of donors
- Board/committee support
- Funding for the Partnership

Conclusions and Recommendations for increasing value added, impact and efficiency of RBM

- Recommendations for RBM role and objectives in order to maximize value added
- Recommendations on RBM structures and functions
- Recommendations on improving performance, effectiveness and efficiency in RBM operations

Annexes

- External Evaluation Terms of Reference
- Evaluation Details (evaluation budget and resources, how findings were reviewed)
- Data collected, and instruments used (e.g., interview guides, data recording forms)
- Documents consulted and referenced